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STATE OF HAWAII

LOBBYIST REGISTRATION FORM

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

(Type or Print Clearly)							
PARTI LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
Zane	Sheldon	SH .	(808) 524-4595				
MAILING ADDRESS (Street)			FAX				
	valuitour, 1001	Bishop St.	(808) 521-6817				
	(City) (State) (Zip		Code)				
Hono lu lu	+((9	96813				
EMPLOYING ORGANIZATION (Fill in	only if you are employed by a business	entity which has been retained to lobby)	TELEPHONE				
Zave Perelop	nest Group, Fuc	,	sawe				
MAILING ADDRESS (Street)			FAX				
Save			sane				
(City)	(State)	(Zip	Code)				
Same	•						

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Zave Development Group, Tur.	(808) SZU-4595		
MAILING ADDRESS (Street)	FAX		
Site 1520, 1001 Bishop St.	(808) 521-6817		
(City) (State) (Z	ip Code)		
Honolely, H	2813		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Shedon S.H. Zave	(808) 524-4595		
MAILING ADDRESS (Street)	FAX		
Sate 1520, Parhai Pour, 1001 Bishop St.			
(City) (State) (Z	ip Code)		
Harolulu, Hi 90	28 13		

PART III DESCRIPTION OF S	SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY		
Agriculture	Education	Human Services		Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations International Affairs	. ×	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	×	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management		Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART IV CERTIFICATION OF	LOBBYIST			
		to the heat of my language de-		
I hereby certify that the infor		to the best of my knowleage	, correct	and complete.
	De que	3/2	1/0~	12/26/02
(Sig	nature of Lobbyist)	est	(Date)	, , ,
			· · · · · · · · · · · · · · · · · · ·	
PART V AUTHORIZATION TO	LOBBY			
NAME		TITLE OF AUTHORIZING OFFICE	R OR PE	RSON REPRESENTED
Sheldon S. t	J. Zave, Presid			
NAME OF ORGANIZATION (if applicable	e)	ΙΤ	ELEPHON	IE
Zane Derdox	ment Group, Inc			24-4595
MAILING ADDRESS (Street)		F	AX	
	1 Biship Shed	Ce	(808)	521-6817
(City)	(State)	(Zip Cod	le)	
Homolely	th.		96813	
I hereby authorize the above	e - named person to engage	e in lobbying activities on bei	nalf of th	e undersigned.
Sussa	7		26/0	Z
(Signature of Authoriz	ing Officer or Person Represente	ed)	(Date)	

PART III

(Date)